

An Essay  
On  
Biliary Calculi

Respectfully Submitted

To the Faculty  
Of the  
Homoeopathic Medical College  
Of Pennsylvania

For the Degree of Doctor of Medicine

By

Robert P. Mercer

of Chester County Pa.

Philadelphia February 1<sup>st</sup> 1861.

In the earlier periods of medical  
science, the liver was the subject

The frequency with which we  
are called upon to treat persons  
suffering from the passage of  
biliary Calculi, has led me to  
choose it as the subject of a  
few remarks, in this required  
essay. But it is not with the  
expectation of affording a satis-  
factory explanation, of the phe-  
nomena attending the formation  
and development of these Calculous  
Concretions, that I select it for  
consideration; but rather with  
a hope of attracting attention  
more particularly to the subject  
and its homœopathic treatment.

In the earlier periods of medical science, the liver was the subject of much attention; its large size, its existence in animals differing so widely in organization, and the supposed relation of its secretion to the process of digestion, were thought sufficient evidence of its importance, in the animal economy, and the serious evils that must result from a derangement of its functions. Nor was the liver alone the subject of particular attention, but also gall-stones. Lehmann says, "Few points in pathological chemistry, in the earlier periods of that science, have received so much attention as gall-stones."

Though few modern authors, have deemed the subject of sufficient importance to more than briefly allude to it, and that only incidentally, while describing some other hepatic affection. While page after page has been written describing the nature and cause of urinary Calculi, and the special treatment to be adopted, that of biliary Calculi, has been almost wholly forgotten; but this is probably owing more to the unsatisfactory state of our knowledge respecting the liver, than to its being considered less important than formerly.

Chemistry has taught us the composition of the different variety of these calculi; but we still remain ignorant of the peculiar condition of the organism necessary to produce these effects.

According to the analyses of Lehmann, and other eminent chemists, the variety of gall-stones most commonly met with, consist for the most part of Cholesterin, with more or less coloring matter of the bile, collected around a nucleus, generally formed from the bile pigment with lime and mucous. Though the nucleus is not always thus formed, from cases reported it would

seem that almost any point, or  
solid substance, may serve this  
purpose. Dr. Budd in his treatise  
on "Diseases of the Liver," instances  
a case, related by Bonisson, where  
a large gall-stone had formed  
about a dried Limbic worm;  
and another, where the stone  
had formed around a pin in  
the gall-bladder; and still another,  
where the nucleus of a gall-stone,  
the size of a prune, contained  
globules of Mercury. "This stone,  
composed chiefly of Cholesterin,  
was taken from a person who  
had been treated with Mercury  
for Syphilis."

But in order for the formation

of these calculi, the pigment-lime and Cholesterin, spoken of above as entering into their composition, must exist in the bile in an insoluble form, which is not the case while this fluid is in a normal condition. "Direct experiment," says Lehmann, "shows that both the pigment-lime and Cholesterin are held in solution by taurocholic acid or taurocholate of soda".

May we not then, reasonably consider, the prime cause of gall-stones to be a deficiency of this acid or salt in the bile? Whether this be really the cause, or what conditions of the system are necessary to produce this deficiency, we will

leave, at present, for abler heads to decide. Fatty degeneration of the coats of the gall-bladder, a cancerous diathesis, sedentary occupations and confinement, mental anxiety and trouble, have all been reckoned among the causes of gall-stones.

When gall-stones have formed in the gall-bladder, they may exist there for a time without giving rise to any unpleasant symptoms.

In a Post-mortem examination recently made by my preceptor, Dr. Johnson, on an old lady, who had died suddenly, the gall-bladder was found filled with Calculi, 174 in number, varying

in size from a small pea to that of a hazel nut; the doctor had treated her, some years previous to this, for passing gall-stones, since which time, she had enjoyed good health up to her death, which resulted from cerebral congestion, as the post-mortem clearly showed. Sometimes however inflammation, and even ulceration, are set up by the mechanical irritation produced by the gall-stones, while in the gall-bladder. But the most frequent and painful effects are produced by their passage through the Cystic and Common Ducts.

The symptoms preceding an attack from the passage of gall-

after so exerting that the patient bends himself double, or rolls about the floor, at the same time pressing his hands against the pit of the stomach, which sometimes eases the pain. The severer paroxysms produce great exhaustion; the pulse become slow and weak, the face pallid and the whole body covered with cold sweat. The pain in the region of the gall-bladder is often referred to the angle of the right scapula, with a sense of constriction around the lower part of the chest. A sympathetic disorder of the Stomach, is also, set up, giving rise to more or less vomiting.

The paroxysms usually last from five to six hours, and in some instances much longer; when suddenly the pain ceases, and the patient is comparatively easy again.

Persons sometimes remark that they can feel something slip or give way, when they will feel instantaneous relief. But cases do not always terminate thus favourably; the irritation caused by the passage of the stone may set up an inflammatory action in the walls of the ducts, which may extend to gall-bladder, or the substance of the liver itself, and serious results ensue.

"If a gall-stone goes slowly,

and be large enough to completely block up the duct, and prevent the flow of bile into the intestine. The distention of the gall-bladder may be so rapid and so great that on some trifling effort, as that of coughing or vomiting it may burst, especially if its coats were previously diseased, and its contents spewed into the cavity of the peritoneum. Several instances of this kind are on record.

Again permanent jaundice, and other serious evils may arise from a gall-stone becoming fastened in the common duct and either partially or wholly stopping the flow of bile into the intestine; but these

Cases are not of very frequent occurrence, for a gall-stone that has passed through the cystic duct can generally pass through the common duct also.

With respect to the treatment of this painful and distressing malady, but little has been said or written by our school, calculated to guide the student in the choice of the appropriate remedies. We have examined various works on homœopathy for the desired information, but as yet have only been able to find a few remedies suggested as likely to prove effective.

Jahr says, "I recommend Cal. hepatic. Lach. Sil. and Sulph." But with these remedies alone, I fear we will fail

to relieve our patient. They doubtless  
are good remedies for certain biliary  
arrangements, but will not do  
to depend upon in an acute attack  
of Calculus biliaris.

The remedies used by my preceptor,  
and which have proved very suc-  
cessful in a number of cases, so  
far as I have been able to observe,  
are, Calocynth, Chamomilla, Nux vom.  
and Sulphur. When called to a  
patient suffering from this disease,  
he has him placed in a warm bath,  
or if this cannot be obtained, has  
his feet immersed in water as  
hot as can be born, and warm  
fomentations applied to the  
Epigastrium. The medicine applic-

able nine times that of ten is, Colvex-  
mth. The indications for its use are,  
violent cramp-like or cutting pains  
in the region of the pylorus; body  
bent forward with an inclination  
to press against the abdomen; tem-  
perature of the skin natural or cov-  
ered with cold sweat; pulse weak  
and slightly increased; tongue coated  
with a yellowish fur; face  
pale and indicative of intense suf-  
fering; bitter taste in the mouth,  
with nausea and bilious vomiting;  
sensation of faintness with coldness  
and shuddering; apprehension of  
 speedy death. Where these symptoms  
are prominent, colic in water every  
ten or fifteen minutes may

be relied upon with every prospect of success. Chamomilla is a valuable remedy when the attack was induced by a fit of anger, or when it occurs in a nervous or hysterical female, and when bilious vomiting is a prominent symptom; the pains are of a dull aching character, accompanied by oppression and difficulty of breathing.

After the severity of the attack has passed off, and to correct the secretions of the liver, the doctor administers Nux vom.<sup>b</sup> once or twice daily for a week, followed by Sulp. twelfth in the same way. This alternation of Nux vom. and Sulphur, he continues for several weeks,

and the result has shown  
that it is both commendable  
and worthy of imitation.

On say  
go on  
Scenation

Respectfully submitted to the Faculty  
of the  
Rens. Med. College

For the degree of Doctor of Medicine

By  
R. Emmett Miller

of  
Alameda New York

Philadelphia Feb 1<sup>st</sup>  
1861